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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
NRSC		C C00027486
Check if 24-hour report 48-hour report New report Amenda re	port flied on	W . W . V . D D D A . A . A . A . A .
Full Name of Payes DEL RAY MEDIA	D	ate of Public Distribution/Dissemination
Malling Address 1427 LESLIE AVE.	Α	10 15 2018 mount
City State Zip Code	·	1000.00
ALEXANDRIA VA 22301	Ti	ransaction ID : SE24-1.0001 ate of Disbursement or Obligation
Purpose of Expenditure MEDIA PLACEMENT/PRODUCTION Category/ Type	3	10 14 2016
Name of Federal Candidate Support	Office Sc	ought: House District: 00
MASTO, CATHERINE, CORTEZ,	Pro	esident X Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 6911725.93	Disburse 2016	ment For: Primary General Other (specify) ▶
Full Name of Payee		ate of Public Distribution/Dissemination
DEL RAY MEDIA		MINNEY COUNTY OF A STANDARY
Mailing Address 1427 LESLIE AVE.	A	10 15 2016 mount
City State Zip Code	—— }	25000.00
ALEXANDRIA VA 22301	Tra	ansaction ID : SE24-1.0002 ate of Disbursement or Obligation
Purpose of Expenditure MEDIA PLACEMENT/PRODUCTION Category/ Type		10 14 2016
Name of Federal Candidate Support	Office S	ought: House District: 00
MASTO, CATHERINE, CORTEZ,	Pr	esident Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 6911725.93	Dieburse 2016	ment For: Primary x General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	▶	35000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	···· • · · · · · · · · · · · · · · · ·	ing the second s
(c) TOTAL Independent Expenditures	>	35000.00
Under penalty of perfury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.		
Banning, Jay, , , Signature	ate 10	17 2016
		FEC Schedule E (Form 24/28) Rev. 09/2013

FEC Schedule E (Form 24/28) Rev. 09/2013

Via FAX

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